

OFFICE USE ONLY		
Date Received	Fee Paid	Permit Number

**State of North Carolina**  
**Department of Environment and Natural Resources**  
**Division of Water Quality**

**STORMWATER MANAGEMENT PERMIT APPLICATION FORM**

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION**  
**LINEAR ROADWAY PROJECT**

*This form may be photocopied for use as an original.*

**DWQ Stormwater Management Plan Review:**

A complete stormwater management plan submittal includes this application form, a supplement form for each BMP proposed (see Section V), design calculations, and plans and specifications showing all road and BMP details.

**I. PROJECT INFORMATION**

NCDOT Project Number: \_\_\_\_\_ County: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Receiving Stream Name: \_\_\_\_\_ River Basin: \_\_\_\_\_ Class: \_\_\_\_\_

Proposed linear feet of project: \_\_\_\_\_

Proposed Structural BMP and Road Station (*attach a list of station and BMP type if more room is needed*):

\_\_\_\_\_

Type of proposed project: (*check all that apply*):

☐ New    ☐ Widening    ☐ 2 lane\*    ☐ 4 lane\*    ☐ Curb and Gutter    ☐ Bridge Replacement

☐ Other (*Describe*) \_\_\_\_\_

*\*2 lane and 4 lane imply that roadside ditches are used unless Curb and Gutter is also checked.*

**II. REQUIRED ITEMS CHECKLIST**

Initial in the space provided below to indicate the following design requirements have been met and supporting documentation is attached. Supporting documentation shall, at a minimum, consist of a brief narrative description including (1) the scope of the project, (2) how the items below are met, (3) how the proposed best management practices minimize water quality impacts, and (4) any significant constraints and/or justification for not meeting a, b, c and d to the maximum extent practicable.

*Designer's Initials*

- \_\_\_\_\_ a. The amount of impervious surface has been minimized as much as possible.
- \_\_\_\_\_ b. The runoff from the impervious areas has been diverted away from surface waters as much as possible.
- \_\_\_\_\_ c. Best Management Practices are employed which minimize water quality impacts.
- \_\_\_\_\_ d. Vegetated roadside ditches are 3:1 slope or flatter.

### III. OPERATION AND MAINTENANCE AGREEMENT

I acknowledge and agree by my initials below that the North Carolina Department of Transportation is responsible for the implementation of the four maintenance items listed. I agree to notify DWQ of any operational problems with the BMP's that would impact water quality or prior to making any changes to the system or responsible party.

*Maintenance Engineer's Initials*

- \_\_\_\_\_ a. BMP's shall be inspected and maintained in good working order.
- \_\_\_\_\_ b. Eroded areas shall be repaired and reseeded as needed.
- \_\_\_\_\_ c. Stormwater collection systems, including piping, inlets, and outlets, shall be maintained to insure proper functioning.

Maintenance Engineer's Name: \_\_\_\_\_

Title: \_\_\_\_\_

### IV. APPLICATION CERTIFICATION

I, (*print or type name*) \_\_\_\_\_ of \_\_\_\_\_ Branch, certify that the information included on this permit application form is, to the best of my knowledge, correct and that the project will be constructed in conformance with the approved plans and that the proposed project complies with the requirements of 15A NCAC 2H .1000.

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### V. SUPPLEMENT FORMS

The applicable state stormwater management permit supplement form(s) listed below must be submitted for each BMP specified for this project. Contact the Stormwater and General Permits Unit at (919) 733-5083 for the status and availability of these forms.

Form SWU-102	Wet Detention Basin Supplement
Form SWU-103	Infiltration Basin Supplement
Form SWU-104	Low Density Supplement
Form SWU-105	Curb Outlet System Supplement
Form SWU-106	Off-Site System Supplement
Form SWU-107	Underground Infiltration Trench Supplement
Form SWU-108	Neuse River Basin Supplement
Form SWU-109	Innovative Best Management Practice Supplement
Form SWU-110	Extended Dry Detention Basin Supplement